

POLICY: INCIDENT REPORTING & MANAGEMENT

POLICY STATEMENT: It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of individuals receiving services administered by the Bureau of Developmental Disabilities (BDDS).

DETAILED POLICY STATEMENT:

Reportable Incidents:

Incidents to be reported to BQIS include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including but not limited to:

1. Alleged, suspected or actual abuse, (which must also be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to:
 - a. physical abuse, including but not limited to:
 - i. intentionally touching another person in a rude, insolent or angry manner;
 - ii. willful infliction of injury;
 - iii. unauthorized restraint or confinement resulting from physical or chemical intervention;
 - iv. rape;
 - b. sexual abuse, including but not limited to:
 - i. nonconsensual sexual activity;
 - ii. sexual molestation;
 - iii. sexual coercion;
 - iv. sexual exploitation;
 - c. verbal/psychological abuse, including but not limited to communicating with words or actions in a person's presence with intent to:
 - i. cause the individual to be placed in fear of retaliation;
 - ii. cause the individual to be placed in fear of confinement or restraint;
 - iii. cause the individual to experience emotional distress or humiliation;
 - iv. cause others to view the individual with hatred, contempt, disgrace or ridicule;
 - v. cause the individual to react in a negative manner.
 - d. domestic abuse, including but not limited to:
 - i. physical violence;
 - ii. sexual abuse;
 - iii. emotional abuse;
 - iv. intimidation;

- v. economic deprivation;
 - vi. threats of violence;
- from a spouse or cohabitant intimate partner.
- 2. Alleged, suspected or actual neglect (which must also be reported to Adult Protective Services or Child Protective Services, as indicated) which includes but is not limited to:
 - a. failure to provide appropriate supervision or training;
 - b. failure to provide a safe, clean and sanitary environment;
 - c. failure to provide food and medical services as needed;
 - d. failure to provide medical supplies or safety equipment as indicated in the Individualized Support Plan (ISP).
- 3. Alleged, suspected or actual exploitation (which must also be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to:
 - a. unauthorized use of the:
 - i. personal services;
 - ii. personal property or finances; or
 - iii. personal identityof an individual;
 - b. other instance of exploitation of an individual for one's own profit or advantage or for the profit or advantage of another.
- 4. Peer-to-peer aggression that includes a willful intent to inflict physical harm by one individual receiving services, to another individual receiving services.
- 5. Death (which must also be reported to Adult Protective Services or Child Protective Services, as indicated). Additionally, if the death is a result of alleged criminal activity, the death must be reported to law enforcement.
- 6. A service delivery site with a structural or environmental problem that jeopardizes or compromises the health or welfare of an individual.
- 7. A fire at a service delivery site that jeopardizes or compromises the health or welfare of an individual.
- 8. Elopement of an individual that results in evasion of required supervision as described in the ISP as necessary for the individual's health and welfare.
- 9. Missing person when an individual wanders away and no one knows where they are.
- 10. Alleged, suspected or actual criminal activity by an individual receiving services or an employee, contractor or agent of a provider, when:
 - a. the individual's services or care are affected or potentially affected;
 - b. the activity occurred at a service site or during service activities; or
 - c. the individual was present at the time of the activity, regardless of location.
- 11. An emergency intervention for the individual resulting from:
 - a. a physical symptom;
 - b. a medical or psychiatric condition;
 - c. any other event.
- 12. Any injury to an individual when the cause is unknown and the injury could be indicative of abuse, neglect or exploitation.
- 13. Any injury to an individual when the cause of the injury is unknown and the injury requires medical evaluation or treatment.

14. A significant injury to an individual that includes but is not limited to:
 - a. a fracture;
 - b. a burn, including sunburn, greater than first degree;
 - c. choking that requires intervention including but not limited to:
 - i. Heimlich maneuver; or
 - ii. finger sweep;
 - d. bruises or contusions larger than three inches in any direction, or a pattern of bruises or contusions regardless of size;
 - e. lacerations which require more than basic first aid;
 - f. any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity;
 - g. any injury requiring more than first aid;
 - h. any puncture wound penetrating the skin, including human or animal bites;
 - i. any pica ingestion requiring more than first aid;
 - j. any scalding.
15. A fall resulting in injury, regardless of the severity of the injury.
16. A medication error or medical treatment error as follows:
 - a. wrong medication given;
 - b. wrong medication dosage given;
 - c. missed medication - not given;
 - d. medication given wrong route; and
 - e. medication error that jeopardizes an individual's health and welfare as determined by the individual's physician.
17. Use of any aversive technique including but not limited to:
 - a. seclusion (i.e. placing an individual alone in a room/area from which exit is prevented);
 - b. painful or noxious stimuli;
 - c. denial of a health related necessity;
 - d. other aversive technique identified by DDRS policy.
18. Use of any PRN medication related to an individual's behavior.
19. Use of any physical or manual restraint regardless of :
 - a. planning;
 - b. human rights committee approval;
 - c. informed consent.

Responsible Parties

1. The provider responsible for an individual at the time of the occurrence of a reportable incident shall submit an incident initial report.
2. In addition to the provider's mandatory reporting, any other person may submit an incident initial report associated with any reportable incident.
3. The entity responsible for incident follow-up reports is the individual's:
 - a. case manager, when receiving waiver funded services;
 - b. residential provider's Qualified Mental Retardation Professional (QMRP) when receiving State Line Item (SLI), Supervised Group Living (SGL), or other ICF/MR services
 - c. provider staff when receiving Caregiver Supports Services;

- d. BDDS service coordinator when receiving other services (e.g. Title XX and nursing facilities).

Ensuring the safety of individuals receiving services

1. When a reportable incident is discovered in which an Individual receiving services is determined to be in danger, the person making the discovery shall:
 - a. call 911 if indicated;
 - b. initiate safety actions for the Individual as is indicated and as is possible;
 - c. contact the following and notify them of the situation:
 - i. in supported living settings, the Individual's case manager, or the case management vendor's 24hr crisis line if the case manager is not immediately available;
 - ii. a manager with the responsible provider company;
 - iii. the BDDS District Manager; and
 - iv. Adult Protective Services or Child Protective Services, as indicated;
 - v. Individual's legal representative; and
 - vi. Director of the Division of Disability and Rehabilitative Services (DDRS).
2. DDRS staff and the case management vendor staff shall follow the BDDS Imminent Danger Policy in mitigating the danger to the individual.

Initial incident reporting to BQIS

1. Within 24 hours of initial discovery of a reportable incident, the reporting person shall file an incident initial report with BQIS using the DDRS approved electronic format available at <https://ddrsprovider.fssa.in.gov/IFUR/>. In the event of a network malfunction, incident initial reports and incident follow-up reports may be e-mailed to BDDSIincidentReports@fssa.ingov, or faxed to 260-482-3507.
2. The reporting person shall be descriptive when completing the narrative portions of the incident initial report form, including:
 - a. a comprehensive description of the incident;
 - b. a description of the circumstances and activities occurring immediately prior to the incident;
 - c. a description of any injuries sustained during the incident;
 - d. a description of both the immediate actions that have been taken, and actions that are planned but not yet implemented; and
 - e. a listing of each person involved in the incident, with a description of the role of each person involved.
3. Exhibit "A" of this policy contains additional directives for providing comprehensive and objective information on the incident initial report.

Notifying additional entities of incident:

1. Within 24 hours of initial discovery of a reportable incident, the reporting person shall forward a copy of the electronically submitted incident initial report to:
 - a. APS or CPS (as indicated) for all incidents involving:
 - i. alleged, suspected or actual abuse;
 - ii. alleged, suspected or actual neglect;
 - iii. alleged, suspected or actual exploitation;
 - iv. death;
 - b. the individual's BDDS service coordinator;
 - c. the individual's residential provider when receiving residential services;
 - d. the individual's case manager when receiving services funded by waiver;
 - e. all other service providers identified in the individual's Individualized Support Plan; and
2. Within 24 hours of initial discovery of a reportable incident, the reporting person shall notify the individual's legal representative, if indicated.

Reportable Incident Follow-Up

1. An incident may be closed by BQIS upon receipt and processing.
2. If an incident is not closed upon BQIS' receipt and processing, BQIS shall forward an email notification to the person responsible for incident follow-up reporting.
3. The person responsible for incident follow-up reporting shall:
 - a. submit an electronic incident follow-up report within 7 days of the date of the incident initial report;
 - b. continue to submit incident follow-up reports on an every 7 day schedule, until such time as the incident is resolved to the satisfaction of all entities;
 - c. forward copies of each follow-up report to the same entities who received a copy of the incident initial report.
4. Exhibit "B" of this policy contains additional directives for providing comprehensive and objective information on the incident follow-up report.

Provider Internal Incident Reports

1. Any internal provider incident report addressing services to an individual that is determined by the provider to not meet the criteria of a reportable incident as described in this policy shall be made available to:
 - a. an individual's case manager; or
 - b. any representative of DDRS, Indiana State Department of Health (ISDH), or the Office of Medicaid Policy and Planning (OMPP), upon request.

Maintenance of Incident Report Data

1. A provider shall maintain all documentation related to incident reporting, whether in electronic format or other format, for at minimum 7 years;

Contact Information for Incident Reporting & Management

Questions regarding incident management/reporting can be directed to the BQIS Incident Reporting Department through e-mail BDDSIncidentReports@fssa.in.gov or telephone (260) 482-3192.

DEFINITIONS

“BDDS” means Bureau of Developmental Disabilities Services as created under IC 12-11-1.1-1.

“BQIS” means Bureau of Quality Improvement Services as created under IC 12-12.5.

“DDRS” means the Division of Disability and Rehabilitative Services as established by IC 12-9-1-1, a division within FSSA in which the bureau of quality improvement services (BQIS) is located.

“Qualified Mental Retardation Professional” or “QMRP” defined

1. “Qualified Mental Retardation Professional” or “QMRP” means a person who:
 - a. integrates;
 - b. coordinates; and
 - c. monitors an Individual’s services,when the Individual is not receiving Case Management services.

“State Line Item” or “SLI” means a funding source for services authorized by DDRS using 100% state dollars obligated, within available resources, to support Adult individuals who have been determined eligible for developmental disabilities services by the BDDS when all other possible resources, including Medicaid, are unavailable.

“Service coordinator” means a person providing service coordination services under IC 12-11-2.1.

“OMPP” means the Office of Medicaid Policy and Planning as established by IC 12-8-6-1.

REFERENCES

IC 12-10-3

IC 31-34

460 IAC 6

Interpretive Guidelines - Intermediate Care Facilities For Persons With Mental Retardation; Rev. 277; 11-95

BDDS Imminent Danger Policy

BDDS Aversive Technique Policy

Approved by: Julia Holloway, DDRS Director {DATE}

EXHIBIT "A"

INCIDENT INITIAL REPORT

- Note – Sections 1-5 are to be completed by the reporting person

Section I - Consumer Information Section (all fields are required in this section)

SSN	Enter the Social Security number of the individual
NAME (FIRST AND LAST)	Enter the first and last name of the individual
ADDRESS	Enter the home address, city, state and zip code where the individual resides
DOB	Enter the date of birth of the individual
COUNTY	Enter the name of the county in which the individual resides
GENDER	Select the appropriate box (male or female)
PRIMARY FUNDING SOURCE	Select the primary funding source for the individual: <ul style="list-style-type: none"> AFC (adult foster care) AUTISM WAIVER CFC (child foster care) DD WAIVER LP-ICF/DD NURSING HOME SDC/SOF SGL SLI RESIDENTIAL SUPP SRV WAIVER TITLE XX

Section 2 - Informed Section (all fields are required in this section)

APS/CPS	Name, Date, County, Phone, Method of Notification
RESIDENTIAL PROVIDER (BDDS)	Select N/A or Yes as appropriate
HAB/VOC PROVIDER (BDDS)	Select N/A or Yes as appropriate
OTHER PROVIDER	Select N/A or Yes as appropriate
LEGAL GUARDIAN	Name, date notified
BDDS SC (BDDS)	Select appropriate service coordinator name from the drop down box, date notified
CASE MANAGER (if appropriate)	Select appropriate case manager name from the drop down box, date notified
QMRP (if appropriate)	Name, date notified
POLICE (if appropriate)	Date notified
CORONER (if appropriate)	Name, date notified

Section 3 – Supervision Provided by Section

INDIVIDUAL SUPERVISING AT TIME OF INCIDENT (BDDS)	Enter the name of the individual who was responsible for supervision at the time of the incident.
RESPONSIBLE SUPERVISORY PROVIDER (BDDS)	Select the responsible supervisory provider from the drop down box

Section 4 – Reporting Person and Agency Section

NAME (FIRST AND LAST)	Enter the first and last name of the person submitting the report
POSITION	Indicate the position (e.g., case manager, service coordinator, direct care staff, team leader, etc.) of the person submitting the report
PHONE NUMBER AND EXTENSION	Enter the phone number and extension of the person submitting the report
DATE REPORT SUBMITTED	Date is auto-populated
REPORTING AGENCY	Select the agency employing the person submitting the report, as applicable from the drop down box. If the person is self-employed, enter “self.”
E-MAIL ADDRESS	Enter the e-mail address of the person submitting the report.

Section 5 – Incident Information

INCIDENT DATE AND TIME	Include the date and time of the reported incident.
DATE OF KNOWLEDGE	The date the reporting person became aware of the incident
WHERE OCCURRED	Select the location from the drop down box <ul style="list-style-type: none"> • AFC (adult foster care) • Community Hab • Community Job • Fac. Hab (ADC, ADL) • Home, AL • Home, family • Home, own • Hospital • LP-ICF/DD • NF (nursing facility) • School • SDC/SOF • SGL (supported group living – ICF/DD setting) • Workshop • Other (explain)
IS THIS INCIDENT REGARDING THE DEATH OF THIS CONSUMER?	Select appropriate answer (yes or no) If Yes, additional questions must be answered
IS THIS INCIDENT REGARDING A PRN THAT WAS ADMINISTERED TO THIS CONSUMER?	Select appropriate answer (yes or no) If Yes, additional questions must be answered
WERE POLICE INVOLVED?	Select appropriate answer (yes or no)
WAS THE CONSUMER HANDCUFFED?	Select appropriate answer (yes or no) No is default
WAS THE CONSUMER TASERED?	Select appropriate answer (yes or no) No is default
DESCRIBE THE INCIDENT	Describe the incident, circumstances and activities taking place immediately prior to the incident. Include a description of any injuries that are a result of the incident. Identify all participants along with their involvement in the incident. Be comprehensive, but concise in describing the incident (who, what, where, when, and how). Be objective.
PLAN TO RESOLVE (IMMEDIATE AND LONG TERM)	Include both the immediate actions that have been taken since the incident occurred and actions that have not yet been implemented. For example, staff suspension (in the event of an allegation of abuse, neglect or exploitation), staff in-service, additional monitoring, review/revision of ISP/BSP, review of policies/procedures, etc.

EXHIBIT "B"

INCIDENT FOLLOW-UP REPORT

Note – To be completed by the person responsible for follow-up

NAME (FIRST AND LAST)	Enter the first and last name of the individual
SSN	Enter the Social Security Number of the individual
AGENCY	Select BDDS from the drop down box
INCIDENT NUMBER	Enter the Incident Number (provided in the e-mail received regarding the Incident Initial Report)
INCIDENT DATE	Enter the date of the incident
DESCRIBE INVESTIGATION INTO THE INCIDENT AND/OR ALL OTHER FOLLOW-UP ACTIONS TAKEN	Be thorough and complete.
DESCRIBE SYSTEMIC ACTIONS BEING TAKEN TO ENSURE HEALTH AND WELFARE ISSUES	Be thorough and complete. Include person(s) responsible. Include the actions being taken to prevent future occurrences of a similar nature.
IF ABUSE, NEGLECT OR EXPLOITATION WAS REPORTED, WAS IT SUBSTANTIATED?	Select appropriate answer from the drop down box
NAME OF PERSON SUBMITTING REPORT	Enter the first and last name of the person submitting the follow-up report
TITLE OF PERSON SUBMITTING REPORT	Enter the title of the person submitting the follow-up report
AGENCY SUBMITTED REPORT	Select agency from the drop down box
DATE REPORT SUBMITTED	The date is automatically filled in by the software program
TELEPHONE NUMBER OF PERSON SUBMITTING REPORT	Enter the telephone number of the person submitting the follow-up report
E-MAIL ADDRESS OF PERSON SUBMITTING REPORT	Enter the e-mail address of the person submitting the follow-up report